is are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS AS FILED - PART (Column 1)	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application of Docket Number 9											
FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE SASIC FEE COR S. COR	CLAIMS AS FILED - PART I							SMALL E	ENTITY	OR		
Column 1 Column 2 Column 3 Column 3 Column 3 Column 3 Column 3 Column 3 Column 4 Column 4 Column 5 Column 5 Column 6 Column 6 Column 6 Column 6 Column 7 Column 7 Column 7 Column 8 Column 8 Column 8 Column 8 Column 9 Column 9 Column 1 Column 1 Column 2 Column 3 Column 8 Column 8 Column 8 Column 8 Column 9 Column 1 Column 9				NUMBE	NUMBER EXTRA		RATE	FEE		RATE	FEE	
TOTAL CLAIMS TOTAL	BASIC FEE						s	OR		s		
NOPEPROPENT CLAIMS	TOTAL CLAIMS			= .			x s=		OR	x s=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	INDEPENDENT CLAIMS				3 = .			x \$=		OR	x \$=	
**If the difference in column 1 is less than zero, enter '0' in column 2. **CLAIMS AS AMENDED - PART II **COLUMN 266humn 1)	(g) c) v v v v v v						+s =		OR	+\$ =		
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Column 2	If the difference in column 1 is less than zero, enter "0" in column 2.											
Column 2 Column 3 SMALL ENTITY		CI	LAIMS AS AMI	ENDED -	– PART II				00	OTHER	R THAN	
Number PRESENT RATE ADDITIONAL FEE Number PRESENT	1	(Composition 1)				(Column 3)	1	SMALL 6	NTITY	i i	SMALL	ENTITY
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CLAIMS HIGHEST NUMBER PRESENT EXTRA FEE OR X S =					(Caluma 2)	(Column 3)		,		•		
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A sea of the state and Museumber Decomposity Daird For' IN THIS SPACE IS 1855 (Indit 20, 5110).	┟┯┚						•			OR		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

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